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Bib Data Sheet

CONFIRMATION NO. 5125

<b>SERIAL NUMBER</b> 09/925,911	<b>FILING DATE</b> 08/09/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 17810-705 (CTI-N5 DIV11CO
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**APPLICANTS**

Samuel Weiss, Alberta, CANADA;  
Brent Reynolds, Alberta, CANADA;  
Joseph P. Hammang, Barrington, RI;  
E. Edward Baetge, Barrington, RI;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A CON OF 08/484,203 06/07/1995  
WHICH IS A CIP OF 08/270,412 07/05/1994 ABN  
WHICH IS A CON OF 07/726,812 07/08/1991 ABN  
AND A CIP OF 08/385,404 02/07/1995 ABN  
WHICH IS A CON OF 07/961,813 10/16/1992 ABN  
WHICH IS A CIP OF 07/726,812 07/08/1991 ABN  
AND A CIP OF 08/359,945 12/20/1994 ABN  
WHICH IS A CON OF 08/221,655 04/01/1994 ABN  
WHICH IS A CON OF 07/967,622 10/28/1992 ABN  
WHICH IS A CIP OF 07/726,812 07/08/1991 ABN  
AND A CIP OF 08/376,062 01/20/1995 ABN  
WHICH IS A CON OF 08/010,829 01/29/1993 ABN  
WHICH IS A CIP OF 07/726,812 07/08/1991 ABN  
AND A CIP OF 08/149,508 11/09/1993 ABN  
WHICH IS A CIP OF 07/726,812 07/08/1991 ABN  
AND A CIP OF 08/311,099 09/23/1994 ABN  
WHICH IS A CIP OF 07/726,812 07/08/1991 ABN  
AND A CIP OF 08/338,730 11/14/1994 ABN  
WHICH IS A CIP OF 07/726,812 07/08/1991 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*****\*\* 09/05/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 3	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

MINTZ LEVIN  
One Financial Center  
Boston, MA 02111

**TITLE**

In vitro and in vivo proliferation and use of multipotent neural stem cells and their progeny

<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> All Fees								
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